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					(musi)
- 			Approved for u	PTO/58/22 (10-00) se through 10/31/2002. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE	(canal)
	Under the Paperwork Reduction Ac	of 1995, no persons are requir	red to respond to a collection of information	m unless if displays a valid OMB number. Docket Number (Optional)	('%''
PETITION	FOR EXTENSION	TIME LINDER	37 CER 1 136(a)	20239-0703-US	17/02
PETITION	POREXIENSION	In re Application of	Cardosa, et al.		111 100
					'
		Application Number	09/147,919	Filed March 23, 1999	
	For Recombinant MVA Virus Expressing Dengue Virus Antigens, and the Use Thereof in Vaccines				
		<u> </u>	1648 Examiner	Mosher, M.	į.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
	ted extension and app period desired):	ropriate non-small-e	entity fee are as follows		
ļ	One month (37	CFR 1.17(a)(1))		\$	
ļ	Two months (37	CFR 1.17(a)(2))		\$	_
ţ	Three months (37 CFR 1.17(a)(3))		\$ 920.00	1
Į	Four months (3)	7 CFR 1.17(a)(4))		\$	
ļ	Five months (37	7 CFR 1.17(a)(5))		\$	
☐ Ap	plicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown ove is reduced by one-half, and the resulting fee is: \$				
□ A	check in the amount of the fee is enclosed.				
☐ Pa	yment by credit card. Form PTO-2038 is attached.				
□ Th	e Commissioner has already been authorized to charge fees in this plication to a Deposit Account.				
or	e Commissioner is hereby authorized to charge any fees which may be required, credit any overpayment, to Deposit Account Number 50-1193. ave enclosed a duplicate copy of this sheet.				
	☐ applicant/inven				
	assignee of rec	ord of the entire into	erest. See 37 CFR 3.71. b) is enclosed. (Form PTC	/SB/96).	
	attorney or age				
	attorney or age Registration numb	nt under 37 CFR 1. er if acting under 37 CFR 1.	34(a). 48,776 34(a)		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
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_	11100				
	/ Date		8	Susan Huhl	
			S Tyr	ped or printed name	
			8 8		
NOTE: Signatures of all the inventors or assignees of record of the entire interestor for representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Surger Hour Statement: This form is estimated to take 0.1 hours to complete. Thre will vary depending uses the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Palent and Trademark Office. Washington, DC 20231, OO NOT SEND					
Burden Haur Sil of time you are t FEES OR COM	iement: This form is estimated to be equired to complete this form should PLETED FORMS TO THIS ADDRES	ke 0.1 hours to complete. Time be sent to the Chief Information S. SEND TO: Assistant Commi	BROUBL OF PARENTE. ABBITITUDE, DC 1411	ndrindual case. Any comments on the amount Washington, DC 20231. OO NOT SEND	•
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